



MCANDREWS, HELD & MALLOY  
34TH FLOOR  
500 WEST MADISON STREET  
CHICAGO, ILLINOIS 60661

RECEIVED  
CENTRAL FAX CENTER  
JUL 03 2006

ARO PLEASE DELIVER RETURN RECEIPT TO  
Darlene Long

TELEPHONE: (312) 775-8000

FACSIMILE: (312) 775-8100

## Certificate of Transmission under 37 CFR 1.8

### CONFIDENTIAL

THE ENCLOSED MATERIAL IS INTENDED FOR THE RECIPIENT NAMED BELOW AND, UNLESS OTHERWISE EXPRESSLY INDICATED, IS CONFIDENTIAL AND PRIVILEGED INFORMATION. ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THE ENCLOSED MATERIALS IS PROHIBITED. IF YOU RECEIVE THIS TRANSMISSION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, AT OUR EXPENSE, AND DESTROY THE ENCLOSED MATERIALS. YOUR COOPERATION IS APPRECIATED.

TO:	Examiner K.M. Burd Group Art Unit 2631	FAX NO.:	(571) 273-8300
FROM:	Michael T. Cruz	USER ID:	8084
CLIENT:	01772	MATTER:	15970US01

Number of Pages This Transmission (Including Cover Page): **23**

I hereby certify that the attached correspondence, including a transmittal form (1 page), a fee transmittal form (1 page, in duplicate), a petition for an extension of time (1 page, in duplicate) and an appeal brief (17 pages), is sent via being facsimile transmission to the United States Patent and Trademark Office on July 3, 2006.

A handwritten signature of Michael T. Cruz in black ink.  
\_\_\_\_\_  
Michael T. Cruz  
Reg. No. 44,636

*If you have problems receiving this facsimile transmission, please contact the sender at the above telephone number.*

PTO/SB/21 (09-04)

Approved for use through 7/31/2006

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM		Application Number		09/945,200			
(to be used for all correspondence after initial filing)		Filing Date		August 30, 2001			
		First Named Inventor		Martin Morris			
		Art Unit		2631			
		Examiner Name		Kevin Michael Burd			
Total Number of Pages in This Submission		22		Attorney Docket Number		15970US01	
<b>ENCLOSURES (check all that apply)</b>							
<input checked="" type="checkbox"/> Fee Transmittal Form (1 page, in duplicate) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page, in duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD		<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) (Appeal Brief - 17 pages) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):			
Remarks							
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>							
Firm	McAndrews Held & Malloy, Ltd.						
Signature	<i>Michael T. Cruz</i>						
Printed Name	Michael T. Cruz, Reg. No. 44,636						
Date	July 3, 2006						
<b>CERTIFICATE OF FAX TRANSMITTAL</b>							
I hereby certify that this correspondence is being sent via facsimile transmission to the United States Patent and Trademark Office at (571) 273-8300 on July 3, 2006.							
Name (Print/type)	Michael T. Cruz	Registration No. (Attorney/Agent)	44,636				
Signature	<i>Michael T. Cruz</i>	Date	July 3, 2006				

RECEIVED  
CENTRAL FAX CENTER  
JUL 03 2006

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 07/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2006		Complete if Known					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/945,200				
		Filing Date	August 30, 2001				
		First Named Inventor	Martin Morris				
		Examiner Name	Kevin Michael Burd				
		Art Unit	2631				
TOTAL AMOUNT OF PAYMENT (\$)		620.00	Attorney Docket No. 15970US01				
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>13-0017</u> Deposit Account Name: <u>McAndrews Held &amp; Malloy</u> For the above-identified deposit account, the Director is hereby authorized to (check all that apply)							
<input checked="" type="checkbox"/> Charge Fee(s) indicated below <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments							
<b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							Small Entity Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
Total Claims -20 or HP							Fee Paid (\$)
Extra Claims x							Multiple Dependent Claims Fee
HP = highest number of total claims paid for, if greater than 20							Fee Paid (\$)
Indep. Claims -3 or HP							Fee Paid (\$)
Extra Claims x							
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
-100	/50	(round up to a whole number)		x			
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): Appeal Brief (\$500); Petition for One-Month Extension of Time (\$120)							620.00
SUBMITTED BY							
Signature	<u>Michael T. Cruz</u>			Registration No. (Attorney/Agent)	44,638	Telephone	(312) 775-8000
Name (print/type)	Michael T. Cruz			Date	July 3, 2006		